Commuter Transportation Survey Form

This survey is required to comply with SCAQMD Rule 2202



	County of San Bernardino					
Work Address:						
	IFCS # 1376 -					

1.	Name
1.	
	Last (REQUIRED) First (REQUIRED) Initial
2.	Home Address (Address is confidential per state law*)
2.	Trome reducess (reducess is connected per seate law)
	Number (No P O Boxes) Street Apt. #
	City (REQUIRED) Zip Code (REQUIRED)
3.	Closest Major Intersection to Your Home
٥.	
	Provide both intersecting street names
4.	Contact Phone Number Is this number:
	Area Code Extension Work Home/Cell
5.	What are Your Normal Work Hours? (Circle am or pm)
	: am pm pm
	Start Time Leave Time
	a. If your work hours vary from day to day please check here
	b. If you have up to one-hour flexibility in your start and leave times, please check here
6.	Enter Your Department Name 6a. Enter Your Emp ID No. (REQUIRED)
6b.	Enter Your Email Address
7.	How do you normally travel to work? (Check one box)
	$D \square$ Drive alone $C \square$ Carpool $V \square$ Vanpool $P \square$ Public Bus $R \square$ Metrolink
	$W \square$ Walk $B \square$ Bicycle $T \square$ Telecommute $M \square$ Motorcycle
8	3. As a thank you for completing this survey, you will receive a free RideGuide. Your personalized
	RideGuide will provide you a list of commuters, with similar work hours to your schedule, and who live in your surrounding neighborhood or work at your company or a business nearby. Your name and
	contact number will be referred to other people on their RideGuide as well (home address will never be
	shared). Please use your RideGuide to carpool at least once a week, which can be a great alternative if
	you need to share a ride due to an emergency or when your vehicle is in the shop for repairs. Your RideGuide will also provide additional ridesharing information regarding Metrolink, vanpooling, public
	bus, Park & Ride lot locations and rideshare program incentives.
	IF YOU DO NOT WISH TO RECEIVE A RIDEGUIDE, PLEASE CHECK THE BOX
1-866	6-IECS4HELP (1-866-432-7443) PLEASE COMPLETE SIDE 2

*Per California Penal Code section 637.6, this information will only be used for ridesharing purposes. Home addresses are never disclosed. Regional rideshare services are provided by Inland Empire Commuter Services, a joint effort of Riverside County Transportation Commission and San Bernardino Associated Governments.

Survey Year: 2010

Instructions:

(1) Write the time you began work for <u>each</u> day. (2) Circle am or pm. (3) Place one check mark in each column as to your commute mode <u>or</u> day off. (4) There should be five (5) check marks on the form. One check mark for each day.

YOU MUST ENTER THE TIME YOU BEGAN WORK – EVEN FOR THE DAYS YOU WERE NOT AT WORK.

		Survey Week Dates	5/10		5/11		5/	5/12		13	5/14	
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Thank you for your cooperation!